

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

Application or Docket Number

10/811201

1201

CLAIMS AS FILED - PART I

| | (Column 1) | (Column 2) |
|----------------------------------|--------------|--------------------------|
| TOTAL CLAIMS | 15 | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | 15 minus 20= | |
| INDEPENDENT CLAIMS | 7 minus 3 = | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | <input type="checkbox"/> |

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

| | (Column 1) | (Column 2) | (Column 3) |
|---|------------|----------------------------------|------------------------------------|
| AMENDMENT A | 41905 | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR |
| Total | * | 17 | Minus ** 20 = |
| Independent | * | 4 | Minus *** 3 = 1 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

| SMALL ENTITY TYPE | OR | OTHER THAN SMALL ENTITY |
|-------------------|--------|-------------------------|
| RATE | Fee | |
| BASIC FEE | 385.00 | |
| XS 9= | | |
| X43= | | |
| +145= | | |
| TOTAL | | 770 |

| SMALL ENTITY | OR | OTHER THAN SMALL ENTITY |
|------------------|----------------|-------------------------|
| RATE | ADDITIONAL FEE | |
| XS 9= | | |
| X43= | | |
| +145= | | |
| TOTAL ADDIT. FEE | | |

| AMENDMENT B | (Column 1) | (Column 2) | (Column 3) | RATE | ADDITIONAL FEE |
|---|----------------------------------|----------------|------------------------------------|------------------|----------------|
| | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | | |
| Total | * | Minus | ** | = | |
| Independent | * | Minus | *** | = | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | | |
| | RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
| X\$ 9= | | | | X\$18= | |
| X43= | | | | X86= | |
| +145= | | | | +290= | |
| TOTAL ADDIT. FEE | | | | TOTAL ADDIT. FEE | |

| AMENDMENT C | (Column 1) | (Column 2) | (Column 3) | RATE | ADDITIONAL FEE |
|---|----------------------------------|----------------|------------------------------------|------------------|----------------|
| | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | | |
| Total | * | Minus | ** | = | |
| Independent | * | Minus | *** | = | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | | |
| | RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
| X\$ 9= | | | | X\$18= | |
| X43= | | | | X86= | |
| +145= | | | | +290= | |
| TOTAL ADDIT. FEE | | | | TOTAL ADDIT. FEE | |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.



| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket Number (Optional) 015258-062600US | | | | | | | | | | | | | | | | | | | | | | | | |
|---|------------|--|----------|------------|-------------------------|--|--|-------|------|----------|---|-------|-------|----------|--|--------|-------|---------|--|--------|-------|----------|--|--------|--------|----------|
| FY 2005 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Application Number 10/811,201 | | Filed March 25, 2004 | | | | | | | | | | | | | | | | | | | | | | | | |
| For SYSTEM AND METHOD FOR INSERTING A WEFT THREAD | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Art Unit 3765 | | Examiner Brian K. Kauffman | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 30%;"></th> <th style="text-align: center; width: 20%;"><u>Fee</u></th> <th style="text-align: center; width: 20%;"><u>Small Entity Fee</u></th> <th style="text-align: right; width: 30%;"></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center;">\$120</td> <td style="text-align: center;">\$60</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: center;">\$450</td> <td style="text-align: center;">\$225</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: center;">\$1020</td> <td style="text-align: center;">\$510</td> <td style="text-align: right;">\$ 1020</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: center;">\$1590</td> <td style="text-align: center;">\$795</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$2160</td> <td style="text-align: center;">\$1080</td> <td style="text-align: right;">\$ _____</td> </tr> </tbody> </table> | | | | <u>Fee</u> | <u>Small Entity Fee</u> | | <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ _____ | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$ _____ | <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | \$ 1020 | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ _____ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ _____ |
| | <u>Fee</u> | <u>Small Entity Fee</u> | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | \$ 1020 | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>20-1430</u> . I have enclosed a duplicate copy of this sheet. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>35,933</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____ | | <u>4/14/05</u> <u>Date</u> | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Signature</u> Kevin T. LeMond, Reg. No. 35,933 Typed or printed name | | <u>415 576-0200</u> Telephone Number | | | | | | | | | | | | | | | | | | | | | | | | |
| <small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</small> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Total of <u>2</u> forms are submitted. | | | | | | | | | | | | | | | | | | | | | | | | | | |

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